

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 7871 SF**
APPLICANT(S)

FILING DATE **02-27-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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